

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin



GEORGE E. EBRIGHT, M. D.
PRESIDENT

FRED F. GUNDRUM, M. D.
VICE PRESIDENT

A. J. SCOTT, JR., M. D.

WALTER M. DICKIE, M. D.
SECRETARY AND EXECUTIVE OFFICER

EDWARD F. GLASER, M. D.

ADELAIDE BROWN, M. D.

ROBERT A. PEERS, M. D.

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.

Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. I, No. 42

DECEMBER 2, 1922

GUY P. JONES
EDITOR

PRE-NATAL TALKS.*

LEILA TRIMMER, M.D.

What a Prospective Mother Can Do for Herself—Corsets and Shoes.

The comfort and welfare of the body are maintained by the choice of proper corsets and shoes. In years when the dictates of fashion urged women to acquire the wasp-like figure the corset was a real menace to health. It constricted the waist, crowding down the contents of the abdomen, altering the normal circulation within and forcing the organs against weak and resistless, because undeveloped, abdominal muscles. The corset, therefore, afforded no support to the abdominal wall during the pre-natal period, and was early cast aside by the advice of the physician.

The modern corset may still, if improperly adjusted, distort the figure, but it usually accomplishes the support of the lower abdomen by its being close about the hips and loose about the waist line, even though it may have other faults.

Support for Corset.

When the figure begins to change at the beginning of the third month, the modern corset may slide out of place. If it was well fitted, it usually still supports, and by loosening can be worn for several weeks or even longer. But it should always retain its support to the lower abdomen and back. It should not

slide upward, in which case it will press the abdominal contents downward. Also, if it is widely separated in the back, even though it be in position over the hips, there is no back support.

There are many reasons for proper support to the abdominal wall at this time and such symptoms as faintness, fatigue, backache, muscle pain and pressure pain result from the lack of it.

In later life a break in the abdominal wall causes difficulties. This break occurs if the abdominal muscles are unable to withstand the tension to which they are subjected. There then results a separation of the recti muscles. These muscles are capable of great development in the athlete, but are usually poorly developed in most women.

Gap Widens.

There are two broad bands stretching side by side from the center of the chest downward to the bony structure below. When they are separated they give rise to a greater or less degree of break in the abdominal wall which, when extreme, allows a considerable portion of the anterior wall of the enlarging organ to be covered by nothing but a thin layer of tissue consisting of skin, muscle covering, and very thin membrane lining the abdominal cavity, called peritoneum. With increasing pressure the gap between the muscles widens and the break in the wall begins and enlarges. The extreme condition can be prevented by care both before and after this period in maintaining proper abdominal support.

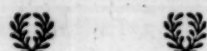
*Number 5 in series published each Saturday by the San Francisco Call.

Moderate exercise, which is necessary, requires the patient to be much upon her feet. If the feet are properly dressed there is no discomfort. But shoes must be worn which assist the feet in meeting the change in balance of the body; for the posture of the body changes with the change in balance. This change in posture consists in throwing the head and shoulders backward.

Strain on Muscles.

When the heels are unduly elevated the weight is thrown further forward and the head and shoulders must therefore go farther backward. This more marked posture puts all muscles on a strain, overstretching the abdominal wall and muscles of the sides and back.

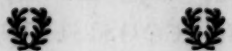
The ideal shoe is the one which has a broad heel tread with as little elevation as can be tolerated after the previous wearing of a Cuban or French heel. In this case, as in every other, the change from the high to the low heel must be made advisedly, and if there is any degree of weakness of the ligaments of the arch, arch supporters or heel levers are a great assistance in maintaining the arch, which must carry the added weight and modified poise of the body during the pre-natal period.



"We look upon things as valuable that are worthless without life, and that can not be enjoyed without health. How much more valuable then, the means to possess and enjoy both life and health, which alone give value to other objects. When compared together all other matters this side the grave dwindle into insignificance."



"We doctors and nurses and tuberculosis workers have to be preachers and teachers and confessors to the tuberculous man. Are we good teachers, true teachers, winsome and persevering teachers, or does the bare law perhaps intrude too much? We can teach the alphabet without emotion or the multiplication tables without enthusiasm but the religion of right living can not be taught coldly. To kindle enthusiasm takes more than time and logic. It takes a torch."—Dr. David A. Stewart, Ninetta, Manitoba.



The young American must as a citizen be an American indeed, in spirit, purpose, and hope; he must "prove by his endeavor" that he is a man able to hold his own in the rough work of the world, fearlessly on behalf of the right, resolute never to flinch before the forces of evil; and, finally, by his life he must show his conviction that all else is useless if he does not build on the foundation of those basic virtues which lie deep in the character of every nation that really deserves to be called great.—Roosevelt.

PRE-NATAL TALKS.*

LEILA TRIMMER, M.D.

Breast Feeding.

Within the first year after birth, the United States loses one in every ten infants. Half of these babies die in the first six weeks. This is mainly due to lack of pre-natal care of the mother. Next in order comes the number of deaths due to digestive disorders during the first months. One-fifth of all deaths under two years are due to digestive disorders; these are directly the result of improper feeding, which starts with the mother's loss of milk in the early weeks.

Mother's milk is the most digestible food, the most adaptable in every way. If the mother has been in a condition of health to bear a child, she is able to nurse that child, giving it the best chance for a healthy body.

Artificial feeding presents serious difficulties.

Proportion Necessary.

There is no perfect food for a child but mother's milk. The elements of any artificial food must be juggled about to give a proper proportion to meet the individual needs. It is difficult to keep the food free from germs in the process of preparation. It is also difficult to keep the bottles and nipples free from germs. The food may be spoiled by change in temperature or by improper temperature. Again, with the growth of the child, a change of formula is necessary to keep the food adjusted to the child's needs. This takes expert knowledge, as do the particular needs of the individual child. Too often the baby becomes the object of experimentation, owing to the fact that the neighbors differ in their advice because of their different experiences. The mother becomes anxious and discouraged, and tries every suggestion.

Best Food Necessary.

When we understand the growth and development of a child, it immediately appears most important that it should have the best food obtainable to carry on properly this complicated task and develop immunity to illness. *Breast milk obviates all these difficulties.* It is an ideal infant food.

During the rapidly changing conditions of living, our nervous systems have become uncomfortably prominent,

*Number 6 in series published each Saturday by the San Francisco Call.

because they are overtaxed. This is a great obstacle to breast feeding. Just as health must be struggled for, so must we make an effort to establish and promote the function of breast feeding. However, it is possible; we may even establish it after as long as five weeks' interruption. In the pre-natal period tight brassieres are not favorable to the development of glandular tissue. There should be support, but not compression. Daily cold washing with a coarse cloth and lather of the purest soap, with thorough rinsing, are stimulating and remove the superficial layers of dead cells.

Sterile Water Needed.

From the first hours the child is taught to nurse and the mother to properly assist. Occasionally this is difficult because of the condition of the breasts or the condition of the child. Splendid condition of both mother and child is most favorable. The first nursing may be from six to twelve hours after birth, according to the condition of both; the baby having had sterile water to help wash mucus from its stomach and keep up body fluids. After 48 to 60 hours the milk secretion is profuse. Until this condition has come about, the sterile water is continued to assist in the child's bodily chemistry.

Virulent Smallpox in Colorado.

An outbreak of virulent smallpox has occurred recently in Denver. Forty to fifty per cent of all cases occurring are confluent. In September 32 cases were reported with 7 deaths. In October 160 cases were reported with 42 deaths. From November 1st to 7th, inclusive, 75 cases were reported with 25 deaths. In all, during a period of 68 days, 267 cases have been reported with 74 deaths. During the week ending November 11th, 66 cases were reported with 17 deaths.

A recent arrival in California, who had just come from Denver, developed virulent smallpox and died. Individuals in California who are not vaccinated would do well to secure this protection. Health officers and public health nurses should advise of this outbreak all persons residing within the territory wherein lies their jurisdiction, and as a matter of safeguarding the public health should do all that may be possible to encourage the vaccination of all unvaccinated individuals.

An outbreak of virulent smallpox occurred in Denver last year and in Kansas City as well. During 1922 sev-

eral deaths from this disease have occurred in California. Some of the cases that have occurred in this state during the past few months are as severe as any cases of the disease that have ever occurred here. The best time to prepare for the appearance of this disease is before any cases occur. Vaccination against smallpox offers sure and certain protection. There is no better type of insurance than that afforded through vaccination against this disease, in which no unvaccinated individual possesses immunity.

Smallpox in London.

Nineteen cases of smallpox occurred in and around London during the period July 26th to October 13th, 1922. Five of the 19 cases reported were fatal. This outbreak has attracted much more attention in England than has the Denver outbreak in the United States, and the Denver outbreak presents much more serious aspects, since nearly fifteen times more cases and deaths have occurred in Denver than in London. So far this year, 700 cases of smallpox have occurred in England, not including London. Of these 700 cases but one has proved fatal, indicating that the disease is of a much more virulent type in London. In California, up to November 1st, 2021 cases of smallpox have been reported, with 16 deaths to October 1st. The health committee in London, forwarding the Medical Officer's report to the County Council makes the following worth-while comment:

"The danger of an epidemic of virulent smallpox in this country is, in our opinion, accentuated by the unvaccinated condition of a large proportion of the population, especially young persons. Since the passing of the vaccination act, 1898, which provided for the exemption from compulsory vaccination of an infant on the production of a certificate of conscientious objection by the parent, the number of infants vaccinated throughout England and Wales has declined from 66.4 per cent of births in 1899 to 39.5 per cent in 1920. We are informed that in pre-vaccination days the incidence of fatality of smallpox fell chiefly upon young children, and in our view the accumulation within recent years of large numbers of young persons, deprived of the protection afforded by vaccination in infancy, might be fraught with grave consequences in the event of smallpox becoming prevalent."

The chief facts in the above statement holds just as true in California as in England.

MORBIDITY.***Smallpox.**

Seventeen cases of smallpox have been reported from the following localities: Los Angeles 3, Redwood City 1, San Francisco 5, Shasta County 1, Stockton 1, Ventura 6.

Typhoid Fever.

Eighteen cases of typhoid have been reported, the distribution being as follows: Eureka 2, Fresno County 1, Fullerton 1, Imperial County 1, Long Beach 1, Los Angeles 3, Ontario 1, Sacramento County 4, Santa Barbara County 1, Santa Barbara 1, Santa Clara County 1, Williams 1.

Epidemic Encephalitis.

Sacramento reported one case of epidemic encephalitis.

Cerebrospinal Meningitis.

Los Angeles and San Diego each reported one case of cerebrospinal meningitis.

Anthrax.

Marysville and Yuba City each reported one case of anthrax.

Leprosy.

San Francisco reported one case of leprosy.

*From reports received to date for last week.

Typhus.

Los Angeles reported one case of typhus, making a total of two cases in the last two weeks.

LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX	MEASLES
BERI-BERI	MUMPS
BOTULISM	OPHTHALMIA NEONATORUM
CEREBROSPINAL MENINGITIS (Epidemic)	PARATYPHOID FEVER
CHICKENPOX	PELLAGRA
CHOLERA, ASIATIC	PLAGUE
DENGUE	PNEUMONIA
DIPHTHERIA	POLIOMYELITIS
DYSENTERY	RABIES
ENCEPHALITIS (Epidemic)	ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
ERYSIPELAS	SCARLET FEVER
FLUKES	SMALLPOX
FOOD POISONING	SYPHILIS*
GERMAN MEASLES	TETANUS
GLANDERS	TRACHOMA
GONOCOCCUS INFECTION*	TUBERCULOSIS
HOOKWORM	TYPHOID FEVER
INFLUENZA	TYPHUS FEVER
JAUNDICE, INFECTIOUS	WHOOPIING COUGH
LEPROSY	YELLOW FEVER
MALARIA	

QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)	POLIOMYELITIS
CHOLERA, ASIATIC	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS (Epidemic)	TYPHOID FEVER
LEPROSY	TYPHUS FEVER
PLAGUE	YELLOW FEVER

*Reported by office number. Name and address not required.

COMMUNICABLE DISEASE REPORT.

Disease	1922				1921			
	Week ending			Reports for week ending Nov. 25 received by Nov. 28	Week ending			Reports for week ending Nov. 26 received by Nov. 30
	Nov. 4	Nov. 11	Nov. 28		Nov. 5	Nov. 12	Nov. 19	
Anthrax	0	0	0	2	0	0	0	0
Cerebrospinal Meningitis	1	3	2	2	3	4	3	1
Chickenpox	67	76	144	76	77	57	114	51
Diphtheria	250	234	262	199	398	447	371	290
Dysentery (Bacillary)	3	2	0	1	1	7	4	2
Epidemic Encephalitis	1	0	0	1	3	3	1	3
Gonorrhoea	229	92	90	67	95	107	160	88
Influenza	31	32	24	18	10	13	17	14
Leprosy	0	0	0	1	0	0	0	1
Malaria	8	7	3	0	7	10	8	2
Measles	10	20	14	13	14	18	14	12
Mumps	21	20	19	20	69	85	79	60
Pneumonia	84	76	92	74	58	48	86	71
Poliomyelitis	2	0	0	0	12	13	4	5
Scarlet Fever	164	191	187	145	165	167	184	129
Smallpox	11	13	9	17	54	42	60	45
Syphilis	211	85	95	90	90	109	56	62
Tuberculosis	146	104	136	140	146	109	123	120
Typhoid Fever	17	24	18	18	16	18	13	6
Typhus Fever	0	0	1	1	0	0	0	0
Whooping Cough	37	69	57	32	44	20	34	18
Totals	1293	1048	1153	917	1262	1277	1331	980